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[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

FILED

MAR 14 2022

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Johnathan Lacy

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

1:22-cv-01335
Judge Sara L. Ellis
Magistrate Judge Heather K. McShain
RANDOM
PC 1

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

LT, J Gust
A. LUPPINO
~~TH~~ ~~DA~~

THOMAS J DART

A. StUBENVOLL

J. OLIVAS

K. Woods

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

RECEIVED

MAR 14 2022

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

CONTINUE pg.

VS.

F. HUGHES
G. FLORES
T. JACKSON
T. PRINE
M. HILL-03
C. HILL

ENTER ABOVE THE FULL NAME OF ALL
DEFENDANTS IN THIS ACTION.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: JOHNATHAN LACY
- B. List all aliases: NONE
- C. Prisoner identification number: 20200420040
- D. Place of present confinement: COOK COUNTY JAIL
- E. Address: 2700 S. CALIFORNIA, CHICAGO IL. 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: J. Gust
 Title: THEN SGT... Now LT
 Place of Employment: COOK COUNTY JAIL
- B. Defendant: ~~THOMAS DART~~ THOMAS DART
 Title: CHIEF SHERIFF/ADMINISTRATION OF COOK COUNTY JAIL
 Place of Employment: COOK COUNTY / JAIL
- C. Defendant: A. STUBENVOLL
 Title: THEN SGT. Now LT
 Place of Employment: COOK COUNTY JAIL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

DEFENDANT'S

CONTINUE pg. 2 of 3

D. DEFENDANT: A LUPPINO

TITLE: SGT THEN - Now LT

PLACE OF EMPLOYMENT: COOK COUNTY JAIL

E. DEFENDANT: T. JACKSON

TITLE: CORRECTIONAL OFFICER

PLACE OF EMPLOYMENT: ~~K. WOODS~~ COOK COUNTY

F. DEFENDANT: K. WOODS

TITLE: CORRECTIONAL OFFICER

PLACE OF EMPLOYMENT: COOK COUNTY JAIL

G. DEFENDANT: J. OLIVAS

TITLE: ~~DEFENDANT~~ CORRECTIONAL OFFICER

PLACE OF EMPLOYMENT: COOK COUNTY JAIL

H. DEFENDANT: M. HILL 03

TITLE: CORRECTIONAL OFFICER

PLACE OF EMPLOYMENT: COOK COUNTY JAIL

DEFENDANT'S

CONTINUE 3 of 3

I. DEFENDANT: C. Hill

TITLE: CORRECTIONAL OFFICER

PLACE OF EMPLOYMENT: LOOK COUNTY Jail

J. DEFENDANT: G. FLORES

TITLE: CORRECTIONAL OFFICER

PLACE OF EMPLOYMENT: COOK COUNTY Jail

K. DEFENDANT: T. PRINE

TITLE: CORRECTIONAL OFFICER

PLACE OF EMPLOYMENT: COOK COUNTY Jail

L. DEFENDANT: ~~S~~ F. HUGHES

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A, DON'T KNOW
- B. Approximate date of filing lawsuit: N/A, DON'T KNOW
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A, DON'T KNOW
- D. List all defendants: N/A, DON'T KNOW
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A, DON'T KNOW
- G. Basic claim made: N/A, DON'T KNOW
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A, DON'T KNOW
- I. Approximate date of disposition: N/A, DON'T KNOW

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On the ABOVE date and time I stated I was having a MENTAL BREAK DOWN. So I started ASKING FOR A MENTAL HEALTH EVALUATION. That REQUEST WAS DENIED AND REFUSED REPEATEDLY BY STAFF. I SCREAMED OUT THAT I WAS GOING TO HARM MYSELF, AND BEGAN TO REMOVE THE LEG FROM MY WHEELCHAIR TO CAUSE HARM TO MYSELF. NEVER DID I THREATEN OR GO TOWARDS STAFF IN ANY THREATING MATTER. I WAS FORCEFULLY SLAMMED OUT OF MY WHEELCHAIR, POUNCHED, ARMS BENT BACK IN POSITIONS THAT'S NOT NORMAL TO CAUSE HARM AND PAIN. I KEPT REPEATEDLY SCREAMED OUT THAT I NEEDED TO SEE A MENTAL HEALTH DOCTOR, AND THAT I WAS GOING TO HARM MYSELF. I WAS PLACED IN HANDCUFFS AND TAKEN TO MY CELL. I REPEATED AGAIN THAT I WANTED TO SPEAK TO MENTAL HEALTH, I TOOK THE ARM OFF THE WHEELCHAIR AND HIT THE DOOR...

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with it! SGT Stubenvoll told ME to drop the wheelchair piece in which I did. He open the door and removed from my cell and then closed the door. I asked again at this time about a Mental Health Evaluation but I got no response. I again removed the other arm piece from my wheelchair and again started hitting the door. SGT. Stubenvoll response was I'm tired of this shit! I was told to move back in which I did and tied a sheet around my neck to show that I was trying to harm myself. SGT Stubenvoll and SGT Gust came in with more than 7 to 10 c/o's! I put my hands up and my face down to show that I meant no harm to anyone but myself. Again I was man handle and forcefully slammed out of my chair to the ground. I was then dragged around the cell and being punched repeatedly. I grabbed a hold of someone's leg to try to cover myself and avoid the beating. While on the ground I was thrown around dragged and punched repeatedly...

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By Sgt. Gust. At some point of me getting punched repeatedly in my face and head area, I felt faint and dizzy so I just stopped moving. I was then again placed in handcuffs, my wheelchair was removed from my cell and all staff left. The camera from cell-6 will show that I was punched repeatedly and beat by staff.

SGT'S J. Gust	C.O's F Hughes
A. Stubenvoll	J. Olivas
A. Luppino	G. Flores
	T. Jackson
IM suing for excessive	K. Woods
force by sworn staff,	T. Paine
Police brutality, pain and	M. Hill-03
suffering, failure to	C. Hill
protect, and cruel and	
unusual punishment.	

Revised 9/2007

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want Compensation for my physical
Injuries and mental injuries / ~~Cause~~ ~~and~~
~~and~~ ~~punishment~~.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this Fed day of 25, 2022

J. Lacy
(Signature of plaintiff or plaintiffs)

JOHNATHAN LACY
(Print name)

20200420040
(I.D. Number)

2700 S CALIFORNIA Chicago IL, 60608
(Address)